



# DECISION REVIEW BOARD HEARING APPLICATION

(TO BE COMPLETED BY THE STUDENT)

This form supports Policy 5104, Academic Integrity and Appeals; and Procedure 5104-PR 2, Decision Review Boards. See the procedure for additional instructions for submitting this form.

## PART 1 (Please print clearly in ink)

### STUDENT INFORMATION

Student ID Number	
Surname	Given Name
Program	Program Level

### CONTACT INFORMATION

It is vital that you provide accurate contact information, as this is where results of the decision review board hearing will be sent and inquiries made. If you cannot be contacted, you risk missing important deadlines and information, and may jeopardize your ability to further appeal.

Street Address & Number		Apt.
City	Prov.	Postal Code
Phone	Email	
Date of Submission	School Date Stamp	
School Receiving Request		
Date of Decision to be Reviewed	Term <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring/Summer	Year

### COURSE INFORMATION

Course/Program Name and Number
Instructor

### STEPS TAKEN TO RESOLVE THIS ISSUE (If applicable. Consultation is encouraged.)

Date of Consultation with Instructor
Date of Consultation with Program Head
Date of Consultation with Associate Dean
Marks Reassessment Outcome (if applicable)

### GROUND FOR REQUEST FOR A DECISION REVIEW BOARD HEARING

Merit of Work	
Calculation Error or Omission	
Medical / Compassion	
Misapplication of Regulation (specify regulation)	
Other (Please specify)	

## PART 2

In the interest of completeness, you are strongly encouraged to attach a statement in response to the following. (A typed or word-processor-produced statement preferred, but you may use the spaces below if you choose.)

1. Please state, as clearly and specifically as possible, why this request should be considered. Describe why you think the decision made by the school should be overturned.

**NOTE:**

- All claims you make should be completely documented, and copies of all relevant documents should be attached to this form. These include such items as medical documents, official certificates, and pertinent class grades to show satisfactory course progress, etc. Failure to provide pertinent documentation may jeopardize your appeal.
- The DRB will have the right to decide whether or not to accept any documents you provide after the submission date of your hearing request.

2. Please state the action(s) you wish the DRB to take, i.e., what remedy are you seeking?

3. Please list all the witnesses you intend to have present at the hearing. Specify what contribution you expect each witness to make, and the estimated length of time that the witness will appear before the DRB.

4. Please list all documents included with this request.

5. Please list any document(s) not in your possession, but which you wish the department to produce. You should identify the document(s), and must indicate for each document why it is important to your appeal, while bearing in mind the grounds for your appeal.

## PART 3

If you intend to be accompanied by another party, other than your witnesses, please complete the following:

Name		
Street Address & Number		Apt.
City	Prov.	Postal Code
Phone	Email	

**Note:** Normally you would be your own spokesperson. If you do not intend to represent yourself at the hearing you must obtain approval for an alternative spokesperson by attaching a request to this submission. The request should explain why you are not prepared to be your own spokesperson, and why you wish this particular person to be your spokesperson. Any such request must be approved by the Chair of the DRB prior to the hearing date. Approval is not necessary if you are asking only that a support person, who will not address the DRB, be present.

### DECLARATION

I have read, and understand Policy 5104 and its associated procedures, which explain the appeals process at BCIT. I certify that the documents I have submitted are authentic and bona fide, and the statements I have made are true.

Signature	Date
-----------	------

Please forward this document to:

Name (Dean of School)	Address (Office of the Dean)
-----------------------	------------------------------

### NOTES:

- (a) You must retain a copy of this form and all documents submitted
- (b) You should retain the date stamped letter you will receive in reply to this request, and/or the postmarked envelope.
- (c) There may be a fee associated with the submission of this request. Refer to the "Schedule of Miscellaneous Fees" at [bcit.ca/admission/fees](http://bcit.ca/admission/fees).